

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **SPECIAL OPERATIONS OPSEC EDUCATION FUND INC**(b) Address (number and street) ☐ check if different than previously reported
901 KING STREET
SUITE 400(c) City, State and ZIP Code
ALEXANDRIA VA 22314**2. FEC Identification Number****C** C30002042

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement☐ **New**

or

☒ **Amended****4. Covering Period**

M M M / D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y

5. (a) Date of Public Distribution(s)M M M / D D D / Y Y Y Y Y Y
11 04 2012(b) Communication Title Bump in the Road**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Chris Marston

(b) Address (number and street)

PO Box 26141

(c) City, State and ZIP Code

Alexandria

VA 22313

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

0.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Chris Marston

SIGNATURE Chris Marston

[Electronically Filed]

DATE

03/29/2013

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

: 97 'A -G79 @ @ B9CI G'H9LH'F9 @ H98 'HC '5 'F9DCFHŽG7 <98I @ 'CF 'H9A -N5 HCB
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Form/Schedule: F9A

Transaction ID :

This amendment responds to an RFAI dated 3/20/2013. The RFAI raised one issue. The Committee has amended the report to include the appropriate information on Line 11. The Committee has also checked box (e) on line 6. It is a non-profit corporation.

Form/Schedule:

Transaction ID:

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control**A.** (a) Name **Transaction ID : F91.4098**

Scott Taylor

(b) Address (number and street) 1206 Laskin Rd
Ste 201

(c) City, State and ZIP Code

Virginia Beach

VA 23451

(d) Name of Employer or Principal Place of Business
Assurance International(e) Occupation
Consulting**B.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation